



# Part A - General Permit Registration Form for the Discharge of Stormwater from Small Municipal Separate Storm Sewer Systems (MS4)

Please complete this form in accordance with the general permit (DEP-PED-GP-021) in order to ensure the proper handling of your registration. Print or type unless otherwise noted. You must submit the *Permit Application Transmittal Form* (DEP-APP-001) and the registration fee along with this form.

## DEP USE ONLY

Application No. \_\_\_\_\_

Permit No. \_\_\_\_\_

Town I.D. \_\_\_\_\_

## Part I: Registration Type

Check the appropriate box identifying the registration type.

<p>This registration is for (check one):</p> <p><input type="checkbox"/> A <i>new</i> registration</p> <p><input type="checkbox"/> A <i>modification</i> of an existing registration</p>	<p>Please identify any previous or existing permit/authorization/registration number in the space provided.</p> <p>Existing permit or registration number: _____</p>
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## Part II: Fee Information

<p>A fee of \$250.00 is to be submitted with this registration. The registration will not be processed without the fee.</p>
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## Part III: Registrant Information

<p>1. Name of Town/City: _____</p> <p>Name of Chief Elected Official (CEO) or Principal Executive Officer (PEO): _____</p> <p>Title: _____</p> <p>Mailing Address: _____</p> <p>City/Town: _____ State: _____ Zip Code: _____</p> <p>Business Phone: _____ ext. _____ Fax: _____</p> <p>Contact Person: _____ Title: _____</p> <p><input type="checkbox"/> Check here if there are adjacent towns or other entities with which you will be coordinating implementation of your Stormwater Management Plan for a portion of your MS4 (See Section 6(b)(3) of the general permit). If so, label and attach additional sheet(s) with the required information as supplied above.</p>		
<p>2. List primary contact for departmental correspondence and inquiries, if different than the CEO/PEO</p> <p>Name: _____</p> <p>Mailing Address: _____</p> <p>City/Town: _____ State: _____ Zip Code: _____</p> <p>Business Phone: _____ ext. _____ Fax: _____</p> <p>E-Mail: _____</p> <p>Contact Person: _____ Title: _____</p>		

### Part III: Registrant Information (cont.)

3. List any engineer(s) or other consultant(s) employed or retained to assist in preparing the registration.

☐ Check here if additional sheets are necessary, and label and attach them to this sheet.

Name:

Mailing Address:

City/Town:

State:

Zip Code:

Business Phone:

ext.

Fax:

E-Mail:

Contact Person:

Title:

Service Provided:

### Part IV: Watershed Information

Watershed information is available at the local libraries through the Atlas of Public Water Supply Drainage Basins.

Complete the following for each receiving stream, watershed or waterbody to which the MS4 discharges.

1. Name of receiving stream, watershed or waterbody:

Drainage basin number:

2. Name of receiving stream, watershed or waterbody:

Drainage basin number:

3. Name of receiving stream, watershed or waterbody:

Drainage basin number:

4. Name of receiving stream, watershed or waterbody:

Drainage basin number:

5. Name of receiving stream, watershed or waterbody:

Drainage basin number:

6. Name of receiving stream, watershed or waterbody:

Drainage basin number:

☐ Check here if there are more receiving watersheds and attach an additional sheet listing them with the required information as supplied above.

### Part V: Supporting Documents

- ☐ Check the box as verification that an 8 ½" X 11" copy of the relevant portion of a USGS Quadrangle Map indicating the town/city boundaries and limits of its separate storm sewer system(s) has been submitted with this registration. Indicate the quadrangle name on the map, and be sure to include the name of the town/city. (A copy of the relevant USGS Quadrangle Map may be available at your town hall or by calling DEP Maps and Publications Sales at 860-424-3555.)

## Part VI: Registrant Certification

The registrant *and* the individual(s) responsible for actually preparing the registration must sign this part. A registration will be considered incomplete unless all required signatures are provided.

<p>"I have personally examined and am familiar with the information submitted in this document and all attachments thereto, and I certify that, based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief.</p> <p>I understand that a false statement made in this document or its attachments may be punishable as a criminal offense, in accordance with Section 22a-6 of the Connecticut General Statutes, pursuant to Section 53a-157b of the Connecticut General Statutes, and in accordance with any other applicable statute.</p> <p>I certify that this general permit registration is on complete and accurate forms as prescribed by the commissioner without alteration of the text."</p>	
Signature of CEO/PEO or designee [as specified in RCSA Section 22a-430-3(b)(2)(B)]	Date
Name of CEO/PEO or designee (print or type)	Title (if applicable)
Signature of Preparer (if different than above)	Date
Name of Preparer (print or type)	Title (if applicable)
<input type="checkbox"/> Check here if additional signatures are necessary. If so, please reproduce this sheet and attach signed copies to this sheet.	

Note: Please submit the Permit Application Transmittal Form, Registration Form, Fee, and USGS Quadrangle Map to:

CENTRAL PERMIT PROCESSING UNIT  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
79 ELM STREET  
HARTFORD, CT 06106-5127